1	2	3
12.	Jharkhand	2
13.	Karnataka	5
14.	Kerala	10
15.	Madhya Pradesh	5
16	Maharashtra	2
17.	Manipur	1
18.	Meghalaya	1
19.	Mizoram	1
20.	Nagaland	1
21.	Orissa	3
22.	Pondichery	1
23.	Punjab	3
24.	Rajasthan	10
25.	Tamil Nadu	8
26.	Tripura	1
27.	Uttarakhand	1
28.	Uttar Pradesh	5
29.	West Bengal	8

Deaths of children in Eastern Uttar Pradesh

†541. SHRI BRIJ BHUSHAN TIWARI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that untimely deaths of hundreds of children are taking place every year due to encephalitis and other similar diseases in eastern Uttar Pradesh especially in Gorakhpur and Basti divisions;

(b) if so, the reasons for not adopting any concrete policy despite the deaths occuring every year;

(c) whether any concrete preventive policy has been formulated or proposed to be formulated with the help of medical experts and World Health Organisation (WHO) to overcome the said diseases before time;

(d) if so, the details thereof; and

(e) if not, the reasons therefor?

†Original notice of the question was received in Hindi.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Yes. 23 districts of Eastern Uttar Pradesh are endemic for Japanese Encephalitis. During 2009 (till 16.11.2009), 476 deaths due to Japanese Encephalitis (JE)/Acute Encephalitis Syndrome (AES) have been reported from these areas. Out these reported deaths, seven districts in Gorakhpur and Basti division (*viz.*, Gorakhpur, Deoria, Maharajganj, Kushinagar, Basti, Sant Kabir Nagar and Siddharth Nagar have reported 440 deaths (*i.e.* 92.4%). The number of deaths reported due to AES/JE from Eastern Uttar Pradesh during the last four years and the current year is given below:

Year	No. of deaths reported
2005	1500
2006	528
2007	645
2008	537
2009 (till 16th November)	476

(b) to (e) There is an integrated National Vector Borne Disease Control Programme (NVBDCP) being implemented by the Government of India in the country for prevention and control of vector-borne diseases including Japanese Encephalitis. This Programme is based on proven scientific evidence and, therefore, it is not correct to say that the deaths are occurring due to non-adoption of any concrete policy.

Under this Programme, Government of India provides to the States/UTs technical guidelines for strengthening of surveillance and case management and also provides grants-in-aid in the form of cash and commodities as per the States annual action plans approved under National Rural Health Mission.

The main components of strategy towards prevention and control of Japanese Encephalitis in the country are:

a) Disease and vector surveillance

b) Vector control

c) Vaccination

d) Case management

e) Laboratory diagnosis through sentinel sites in government/ private medical colleges and hospitals

f) Capacity building

Under Universal Immunization Programme of Ministry of Health & Family Welfare, during 2006, eleven most endemic districts in the country including seven districts from Uttar Pradesh, namely, Gorakhpur, Deoria, Kushinagar, Maharajganj, Kheri, Sant Kabir Nagar and Siddharth Nagar were covered with JE vaccine S A-14-14-2 with an overall coverage of more than 88.39%. During

2007, 28 more districts were covered with 84.28% coverage and during 2008 and 2009, children between 1-15 years in 21 and 23 districts respectively have been vaccinated bringing the total number of vaccinated districts to 83.

GOI is according high priority on prevention and control of Acute Encephalitis Syndrome (AES)/Japanese Encephalitis(JE). AES/JE situation is being closely monitored at a senior level by Special Director General of Health Services and Director, National Centre for Disease Control (formerly National Institute of Communicable Diseases).

Directorate of NVBDCP in consultation with national and international experts developed revised guidelines for AES/JE treatment and circulated to the state on 1st September, 2009 for use during current transmission season.

In addition to the above strategies which are common to all the JE endemic States, following additional inputs have been provided in the State of Uttar Pradesh as the State contributes 80% of AES/JE cases as well as deaths due to the prevalence of non-JE viruses (entero viruses, strains 89 & 76) which also contributes to the occurrence of large number of Encephalitis cases:

(a) Established at Gorakhpur

(i) a Japanese Encephalitis Sub-office of Regional Office for Health & Family Welfare (ROH&FW) and

(ii) a Vector Borne Disease Surveillance Unit (VBDSU)

(iii) a field unit of National Institute of Virology (NIV), Pune with a senior level officer from NIV, Pune as its in-charge.

(b) Released an amount of Rs. 5.88 crores to BRD Medical College, Gorakhpur for upgradation of JE epidemic ward.

Incidence of cardiac problem in the country

542. DR. K. MALAISAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that World Health Organisation (WHO) reports that 60 per cent of heart patients in the world would be in India; and

(b) if so, the major steps taken or being taken in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) A study by Xavier et al in the Medical Journal 'The Lancet' has reported that by 2010, 60% of the world's heart disease is expected to occur in India.

The Government of India has earmarked a sum of Rs.1660.50 crore under the National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke (NPDCS).